

Division of California Justice Information Services Bureau of Criminal Information and Analysis Automated Systems Program



FINGERPRINT ROLLING CERTIFICATION PROGRAM P.O. Box 903387 Sacramento, CA 94203-3870

Application for Certification of Non-Exempted Individuals to Take Fingerprint Impressions

(Print or Type Your Responses)

(Penal Code Section 11102.1)

	DOJ	USE	ONLY	
Cert. #:				_
Received:				
Fee:				_
OCA #:				_
Completed	d:			

	(Print or Type Your F	Responses)	•	
LAST NAME	FIRST N	AME	MIDDLE NAME	
ADDRESS	STREET	CITY	ZIP CODE	COUNTY
TELEPHONE NUMBER	DATE OF BIRTH	SSN (Mandatory)	DRIVER'S LICENSE	OR CA ID NUMBER
	Ple	ease answer fully the following q	uestions	
1. ARE YOU A LEGAL RESIDE	NT OF CALIFORNIA? YES			
2. HAVE YOU EVER USED A N	AME OTHER THAN THE ONE ON	N THIS APPLICATION?	IF YES, PLEAS	E LIST OTHER NAMES BELOW.
		FELONY OR MISDEMEANOR OFFENSE IN HER THE CONVICTION WAS FOR A FELONY (
4. HAVE YOU EVER BEEN ARE YOU WERE ARRESTED?		Y OTHER STATE AND/OR ARE YOU AWAIT YES, GIVE DETAILS BELOW.	ING ADJUDICATION FOR	ANY OFFENSE FOR WHICH
	NIED A PROFESSIONAL LICENSI IF YES, GIVE DETAILS BELOW.	E OR HAD SUCH LICENSE REVOKED, SUS	SPENDED OR RESTRICT	ED?

6. HAVE YOU EVER BEEN ADJUDGED LIABLE FOR DAMAGES IN ANY SUIT GRO	DUNDED IN FRAUD, MISREPRESENTATION, OR IN VIOLATION OF STATE
REGULATORY LAWS? ☐ YES ☐ NO IF YES, GIVE DETAILS BE	
7. HAVE VOLUEVED FAILED TO CATICEY ANY COURT ORDERED MONEY HIDOS	MENT INCLUDING DECTIFICIONS OF VEG. OF NO.
7. HAVE YOU EVER FAILED TO SATISFY ANY COURT ORDERED MONEY JUDGE	EMENT INCLUDING RESTITUTION?
IF YES, GIVE DETAILS BELOW.	
CERTIFICATION	
8. I CERTIFY THAT I HAVE READ THE PRE-CERTIFICATION MATERIALS PROVID	DED BY DOJ. I CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS
OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF ALL STA	TEMENTS, ANSWERS, AND REPRESENTATIONS MADE IN THE FOREGOING
APPLICATION, INCLUDING ALL SUPPLEMENTARY STATEMENTS.	
Signature of Applicant	Date
Misrepresentation or Failure to Disclose	Requested Information on this Application
is Cause for Denial or Re	evocation of Certification.
State of California	
County of	
On (data) hafara ma	(name and title "Notary Dublie")
On (date), before me	(name and title "Notary Public"),
personally appeared	name(s) of signer(s),
personally known to me (or proved to me on the basis of sa	tisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me the	hat he/she executed the same in his/her authorized capacity(ies),
	on(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.	m(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.	
WITNESS my hand and official seal.	
	(Seal)
Signature of Notary	(500)
Signature of Notary	